

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 589893

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7	1	0		0		
8	0	0		0		
9	0	0	1	0		
10	0	0	1	0		
11	0	0	1	0		
12	1	0		1		
13		1		1		
14		2		1		
15		1		5		
16	0	0		1		
17		0		1		
18	0	0		1		
19		1		1		
20		0	1	1		
21	1	0		1		
22				1		
23			2	2		
24			2	0		
25			1	1		
26				1		
27			1	1		
28				1		
29				2		
30				2		
31			0	0		
32			0	0		
33			0	0		
34			1	1		
35				1		
36				2		
37				2		
38			0	0		
39			0	0		
40			0	0		
41				0		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	5	↓		↓
TOTAL DEP.	22	←	45	←		←
TOTAL CLAIMS	23		50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						